11528

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11528 Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Oakland LENGTH OF STAY (in this place) Nursing Home
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Westernport
STREET ADDRESS 464 Spruce Street (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Jane Duckworth (Last) ANDERSON

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	April 24 1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Housewife	No Record	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Duckworth	(unable to learn) Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	None	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular Accident DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. O. Baumgartner M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/14/54	Laurel Cemetery	Moscow, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/13/54	Julia Conaway	Dodd Funeral Service	Westernport, Md

VS. A15A - 5 - 53

RECEIVED
DEC 29 1911
BUREAU V. S.

11528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11529

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M — The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (In this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SWANTON
STREET ADDRESS (If rural, give location): ROUTE #1

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) BERNARD

4. DATE OF DEATH: (Month) DEC. (Day) 10 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: DEC. 8, 1954

9. AGE last birthday: yrs. — If under 1 year: Months / Days: 2 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BERNARD, LEROY WADE

14. MOTHER'S MAIDEN NAME: SCHMIDT, PATRICIA ANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: MR. LEROY WADE BERNARD, R1, SWANTON MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (6½ mos. Preg.) — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1954, to 12-10, 1954, that I last saw the deceased alive on 12-10, 1954, and that death occurred at 11:16 A.m., from the causes and on the date stated above.

SIGNATURE: John N. Fenton (Degree or title: M.D.) ADDRESS: 58 2nd St. Oakland Md DATE SIGNED: 12-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/11/1954 — NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery — LOCATION (City, town, or county) (State): Deer Park, Md.

DATE REC'D BY LOCAL REG.: 12/11/54 — REGISTRAR'S SIGNATURE: Alice L. Rowan LR

24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

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DEC 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11529

11530

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
LENGTH OF STAY (in this place) 13 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grant (Middle) U (Last) Bittinger

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May-18-1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Was Owner
11. BIRTHPLACE (State or foreign country): Swanton, Garett Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Emanuel Bittinger
14. MOTHER'S MAIDEN NAME: Elmira Shepp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Frederick Bittinger, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma, stomach

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-6-54
19b. MAJOR FINDINGS OF OPERATION Biopsy only - Carcinoma papillary, pylorus.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1954, to Dec. 28, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 10:00 a.m. from the causes and on the date stated above.

SIGNATURE Alexander (Degree or title) Solosko ADDRESS Salisbury Pa DATE SIGNED 10/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-30-1954
NAME OF CEMETERY OR CREMATORY Grantsville
LOCATION (City, town, or county) Grantsville (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 30/54
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11580

11531

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN OAKLAND. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) KISNER (Last) COLLINS.

4. DATE OF DEATH: (Month) DEC. (Day) 13. (Year) 1954

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: MARCH 30 1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): GARRETT Co. MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ABE KISNER.

14. MOTHER'S MAIDEN NAME: MARY STEVENS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: R-T.-1. DAVID COLLINS. OAKLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 7 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 7

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Dec 13, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE J. P. Baumgartner (DEGREE OR TITLE) M D ADDRESS Oakland Md DATE SIGNED 12/14/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF DEC. 15/1954 | NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY | LOCATION (City, town, or county) OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. 12/15/54 | REGISTRAR'S SIGNATURE Julia A Rowan LR | 24. FUNERAL DIRECTOR Emroy Bolden Oakland Md ADDRESS

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BUREAU V. S.

11532

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11531 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport Rural
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Mi, N. of Westernport

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westernport - Rural
STREET ADDRESS (If rural, give location) 5 mi N. of Westernport

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Howe (Last) Durham

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12 Oct 875

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mine - ret

10b. KIND OF BUSINESS OR INDUSTRY: Coal mine

11. BIRTHPLACE (State or foreign country): Westernport Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Durham

14. MOTHER'S MAIDEN NAME: Mary Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frank Durham Westernport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. D. Baumgartner M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-1-55

NAME OF CEMETERY OR CREMATORY Philos

LOCATION (City, town, or county) (State) Westernport Md

DATE REC'D BY LOCAL REG. 1-1-55

REGISTRAR'S SIGNATURE Dorsey Pattison

24. FUNERAL DIRECTOR E. S. Beal ADDRESS Westernport, Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 6 19[illegible]
BUREAU V. S.

11533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11532

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND | LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROWLESBURG
STREET ADDRESS (If rural, give location) STAR ROUTE

3. NAME OF DECEASED (Type or Print): (First) MALISSA (Middle) BELLE (Last) DONHAM
4. DATE OF DEATH (Month) DECEMBER (Day) 26 (Year) 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	JULY 15, 1879	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		WEST VIRGINIA	U.S.

13. FATHER'S NAME: ELSIE, JACOB
14. MOTHER'S MAIDEN NAME: TAYLOR, ELIEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MRS. JERRY WOTRING, DAUGHTER.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial heart disease & Chronic failure	3 years
	(c) Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/15, 1951, to 12/26, 1954, that I last saw the deceased alive on 25 Dec, 1954, and that death occurred at 12:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E Mance	MD	Oakland Md	26 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal to Burial	Dec. 29, 1954	Bellview Cemetery	near Amboy, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/54	Nora H. Mayo, M.D.	Robertson Funeral Home	Terra Alta W.Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11533

11534

CERTIFICATE OF DEATH

Item 2, Film G175 1-14-55 et

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Lake Park
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville 11X-1
STREET ADDRESS (If rural give location) -------

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Elmira (Last) Herring DYE

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug-21-1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W? Herring
14. MOTHER'S MAIDEN NAME: Winona Dixon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Otis Wilson. Chalk Hill Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident-

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Repeated Bouts-last one about 4 Dec 54

DUE TO (c) Art. C. V. D.

Interval Between Onset And Death: years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 June, 1952 to 12 Dec, 1954, that I last saw the deceased alive on 10 Dec, 1954, and that death occurred at 1:10 AM, from the causes and on the date stated above.

SIGNATURE Thomas J Lusby M.D. (Degree or title) ADDRESS Oakland, Md DATE SIGNED 13 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 12-15-1954 NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery LOCATION (City, town, or county) Friendsville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-15-1954 REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR W H Nadahavit Mr Klysburg ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1955
V. S.

Dr. Wiemer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12075

CERTIFICATE OF DEATH

11535

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park,
LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, X
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Lucia (Middle) Anna (Last) Hendrickson

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 28, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/13/1872

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired U.S. Dept. of

10b. KIND OF BUSINESS OR INDUSTRY: the Interior

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lucien Camillus Hendrickson

14. MOTHER'S MAIDEN NAME: Anna Eliza Hoye

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT & ADDRESS: Camille Hendrickson Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
434.3
Immediate cause (a) Heart Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Not Known
DUE TO
(c) Age is the only Cause Known

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatism

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954 to Dec 28, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 1:00 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. W. Wenzel M.D. ADDRESS Oakland Md. DATE SIGNED Dec 29th 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/30/1954
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery
LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR 1/3/54
REGISTRAR'S SIGNATURE Julia A. Morgan LR

24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

VS. A15

Dr. Wenzel

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11537

11536

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND MD.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN DEER PARK MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) RAY (Last) HINEBAUGH

4. DATE OF DEATH: (Month) DEC. (Day) 20 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. - 15 - 1905

9. AGE last birthday: 49. yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B+O. TRACKMAN.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DEER PARK. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT HINEBAUGH

14. MOTHER'S MAIDEN NAME: MINNIE KING.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-09-4866

17. INFORMANT & ADDRESS: HAZEL HINEBAUGH DEER PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

345x

Immediate cause (a) Paraplegia — 5 and

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Multiple Urethritis — 4½

DUE TO

(c) Multiple Sclerosis — 5 mo

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Stenosis ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 19 54, to Dec 20, 19 54, that I last saw the deceased alive on Dec 14, 19 54, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE Paul Gartner (DEGREE OR TITLE) MD ADDRESS Oakland — DATE SIGNED -

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF DEC-23-1954 — NAME OF CEMETERY OR CREMATORY DEER PARK CEMETERY. — LOCATION (City, town, or county) DEER PARK. MD. (State)

DATE REC'D BY LOCAL REG. 12/23/54 — REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Emroy Bolden Oakland Md — ADDRESS

RECEIVED
JAN
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11538

CERTIFICATE OF DEATH

Reg. Dist. No.....

11537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN OAKLAND.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) JANKEY.

4. DATE OF DEATH: (Month) DEC. (Day) 10. (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	MAY-6-1868.	86. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DEER PARK. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOHN JANKEY.
14. MOTHER'S MAIDEN NAME: MARY BOBBITT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MARSHALL JANKEY 864 SPERRY TERRACE CUMBERLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Art. C. V. D. — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1954, to Dec 10, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Thomas J Lusby M.D. ADDRESS Oakland Md. DATE SIGNED 13 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	DEC-12-1954	DEER PARK CEMETERY	DEER PARK	MD.

DATE REC'D BY LOCAL REG. 12/13/54 REGISTRAR'S SIGNATURE Julia A Rowan L R
24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

RECEIVED
DEC 22 1954
BUREAU V. S.

11539

MARYLAND STATE DEPARTMENT OF HEALTH

11538

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Swallow Falls
LENGTH OF STAY (In this place) 48 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Cordell (Last) Kelley
4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct-11-1909
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours M.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanis
10b. KIND OF BUSINESS OR INDUSTRY U.S. Goverment
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Kelley
14. MOTHER'S MAIDEN NAME Emma L. Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Gail E. Kelley Wife. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation due to Carbon Monoxide

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Trailer near Swallow Falls Park - Oakland (CITY OR TOWN) (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Dec (Day) 3 (Year) 1954 (Hour) not noted m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Asphyxiated in trailer - result of lantern

22. I certify that I took charge of the remains described above, held an Autopsy ✓ Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE E. J. Baumgartner MD (Degree or title) ADDRESS Oakland Md DATE SIGNED 12/8/54

INTERNAL DISPOSITION (Specify) DATE THEREOF 12-9-1954 NAME OF CEMETERY OR CREMATORY Hyattstown Methodist LOCATION (City, town, or county) Chruch Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 12-8-1954 REGISTRAR'S SIGNATURE Julia A. Gowan LR. 21. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11539

CERTIFICATE OF DEATH

Reg. Dist. No. 166 11540

1. PLACE OF DEATH:
COUNTY GARRETT. MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) ELIZABETH. (Last) LAWTON.

4. DATE OF DEATH: (Month) DEC. (Day) 9 (Year) 1954

5. SEX: FEMALE.
6. COLOR OR RACE: WHITE.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.
8. DATE OF BIRTH: AUG.-26-1860
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASH. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ANDREW HARNE.
14. MOTHER'S MAIDEN NAME: MAGADLENE BEAR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. BERTIE THRASHER. OAKLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Broncho Pneumonia	3 Days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arterio Sclerosis	15 Years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Dec 1952 to 9 Dec, 1954, that I last saw the deceased alive on 9 Dec, 1954, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE: D. E. Mance (DEGREE OR TITLE) Mrs ADDRESS Oakland Md DATE SIGNED 11 Dec. '54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: DEC.-12-1954
NAME OF CEMETERY OR CREMATORY: OAKLAND CEMETERY
LOCATION (City, town, or county) (State): OAKLAND. MD.
DATE REC'D BY LOCAL REG.: 12/12/54
REGISTRAR'S SIGNATURE: Julia Rowan LR
24. FUNERAL DIRECTOR: Emroy Boldin ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11540

CERTIFICATE OF DEATH

11541

Reg. Dist. No. 16

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 15 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Garr. Co. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barmania, Rural Route 1 — STREET ADDRESS (If rural, give location) Box 57 (W. Va.)

3. NAME OF DECEASED (Type or Print): (First) MITCHELL (Middle) PHILIP (Last) LEWIS

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 8-24-04

9. AGE last birthday: 50 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal mine

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Emory Lewis

14. MOTHER'S MAIDEN NAME: Estella Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-09-5400

17. INFORMANT: Esther Hauser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2-3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Silicosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1954, to Dec 7, 1954, that I last saw the deceased alive on Dec 6, 1954, and that death occurred at 11:34 A. m., from the causes and on the date stated above.

SIGNATURE: Thomas D. Lusby — (Degree or title) M. D. — ADDRESS: Oakland, Md — DATE SIGNED: 7 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: DEC-9-1954 — NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY — LOCATION (City, town, or county) (State): NEAR GORMANIA W. VA.

DATE REC'D BY LOCAL REG.: 12/9/54 — REGISTRAR'S SIGNATURE: Julia A Rowan LR

24. FUNERAL DIRECTOR — ADDRESS: Emory Bolden Oakland Md

VS. A15

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11541

12076

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, LENGTH OF STAY (in this place) 75 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Third Street	STREET ADDRESS (If rural give location) Third Street

3. NAME OF DECEASED: (Type or Print) (First) Zilla (Middle) May (Last) Loughridge

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 29, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	4/8/1872	82 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Work	Own Home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Loughridge	Martha Stemple

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		-----	Mrs. Nettie Thrasher Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Myocardial Heart Disease	18 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	10 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to 28 Dec, 1954, that I last saw the deceased alive on 28 Dec, 1954, and that death occurred at 12:45 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Maine Mon ADDRESS Oakland Md DATE SIGNED 29 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/1954	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/31/54	Wm A Mowan LR	Herbert C. Leighton	Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11542

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. LAKE PARK — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. LAKE PARK
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) BERTIE	(Middle) MAY	(Last) McMANUS	4. DATE OF DEATH (Month) DEC. (Day) 20 (Year) 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH FEB. 9, 1872	9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WESTERNPORT, MD.	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME JOHN ASHFIELD		14. MOTHER'S MAIDEN NAME TRENTOR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY No. NONE	17. INFORMANT AND ADDRESS RAY McMANUS, Mt. LAKE PARK, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure — 3 wks?

Antecedent cause(s) (b) Arteriosclerotic cardiovascular disease — years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Mar, 1952, to 19 Dec, 1954, that I last saw the deceased alive on 19 Dec, 1954, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby (Degree or title) MD ADDRESS Oakland, Md DATE SIGNED 12/21/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 12/24/54	NAME OF CEMETERY ~~OR CREMATORY~~ BAYARD	LOCATION (City, town, or county) (State) BAYARD, WEST VA.
DATE REC'D BY LOCAL REG. 12/23/54	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR J. D. Duncan	ADDRESS Thomas, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11543

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK (RURAL)
STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MAYBELLE (Last) MURPHY

4. DATE OF DEATH (Month) DECEMBER (Day) 12, (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH JUNE 1882

9. AGE last birthday 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN KING

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS MRS. CHARLES SUNDAY, MT. LAKE PARK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia Terminal	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	8 years
	(c) Arthritis Deformans	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 12 Dec, 1954, that I last saw the deceased alive on 11 Dec, 1954, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A E Mance MD Oakland Md 12 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC-14-1954	OURS CEMETERY	NEAR MT. LAKE PARK, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/54	Julia A. Brown L.R.	Emroy Bolden	Oakland Md

11544

MARYLAND 11544

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
LENGTH OF STAY (in this place): 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Gen. Delivery

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W (Last) NAILS

4. DATE OF DEATH (Month) (Day) (Year): 12 - 16 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mar 5 1883

9. AGE last birthday: 71 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: H.C. Nails

14. MOTHER'S MAIDEN NAME: Kate Isabelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Emery Nails - address on file

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to Dec 15 ....., 19 54, that I last saw the deceased alive on Dec 15 ....., 19 54, and that death occurred at 1050 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold O Kamons MD — ADDRESS: RD Marklysburg Pa. — DATE SIGNED: Dec 16 54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: 12/19-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county, (State): Blooming Rose Cemetery Friendsville Md.

DATE REC'D BY LOCAL REG. Dec 19 1954 — REGISTRAR'S SIGNATURE: Kathryn Dike

24. FUNERAL DIRECTOR / ADDRESS: A.H. Rodabaugh Marklysburg Pa

MARGIN RESERVED FOR BINDING

Emery Nails

MARYLAND STATE DEPARTMENT OF HEALTH

11545

11545

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place): 5½ HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: TUCKER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DAVIS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARL	WILLIAM	PATTERSON	DEC.	18	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	SEPT. 25, 1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC		WEST VIRGINIA	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PATTERSON, WILLIAM	MONTGOMERY, BETTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes War 2	236-20-1826	MR. CARL W. PATTERSON, DAVIS W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

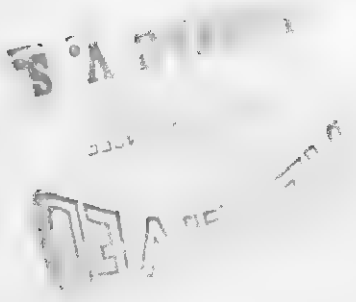
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1954, to 18 Dec 1954, that I last saw the deceased alive on 18 Dec, 1954, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Tichy	M.D.	Oakland, Md	18 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1954	Davis Cemetery	Davis, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/54	Julia A Lowe LR	Wayne C. Spiggle	Davis, W.Va.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11546

11546

CERTIFICATE OF DEATH

Reg. Dist. No. 16.3

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bloomington
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bloomington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Herbert (Last) Price
4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9 Feb 1882
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10B. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): West Union, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles J. Price
14. MOTHER'S MAIDEN NAME: Annie Hull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 236-03-3994
17. INFORMANT & ADDRESS: Charles I Price, Bloomington, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

524

IMMEDIATE CAUSE (A) Pulmonary emphysema. — INTERVAL BETWEEN ONSET AND DEATH 3mo

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bronchiectasis — 5yrs

DUE TO (C) Anthrocosis, Arterio Sclerosis. — 10 yrs 8yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1954, to Dec 2, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 10a M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Fairmont W. Va. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-5-54
NAME OF CEMETERY OR CREMATORY Bloomington Cem.
LOCATION (City, town, or county) Bloomington, Md (State)

DATE REC'D BY LOCAL REGISTRAR 12-4-54
REGISTRAR'S SIGNATURE Dorsey Pattison
24. FUNERAL DIRECTOR E. S. Boal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1207

11547 CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Oakland
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Va. COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terra Alta 85 X-3
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED: (Type or Print) (First) Izona (Middle) Ellen Hileman (Last) Reckart

4. DATE OF DEATH: (Month) (Day) (Year) December 2, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 15, 1879	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Hudson, West Virginia	U S A

13. FATHER'S NAME: Samuel Hileman

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Mrs. Pearl Hardesty, Terra Alta, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion, acute	10 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular disease	10 years
DUE TO		
	(c) Pulmonary edema due to (a) & (b)	10 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1954, to Dec. 2 1954, that I last saw the deceased alive on Dec. 2, 1954, and that death occurred at 5:32 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
M. Dreas Clark Harley M. D. Terra Alta, W.Va. 12/3/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 5, 1954	Mt. Morriah Cemetery	Valley Point, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/5/1954	Thos. Rowan LR	[illegible]	Terra Alta, W Va

RECEIVED
JAN 25 1955
BUREAU V. S.

Held to Oklahoma Convent
date

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11548

CERTIFICATE OF DEATH

Reg. Dist. No. 11548

11548

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) SCOTT. (Last) SPIKER.

4. DATE OF DEATH: (Month) DEC. (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCT. - 8 - 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WOODSMEN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SINES GARRETT CO.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ISAREL T. SPIKER.

14. MOTHER'S MAIDEN NAME: VIRGINIA LEWIS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-14-7144A

17. INFORMANT & ADDRESS: MARTHA SPIKER. OAKLAND MD RT-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4500

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — 8 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1948, to 15 Dec, 1954, that I last saw the deceased alive on 30 Oct, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE A. E. Maurice MD (DEGREE OR TITLE) ADDRESS 101 third St Oakland Md DATE SIGNED 18 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF DEC-19-1954

NAME OF CEMETERY OR CREMATORY BRAY CEMETERY

LOCATION (City, town, or county) (State) NEAR SWALLOW FALLS MD.

DATE REC'D BY LOCAL REG. 1/19/54

REGISTRAR'S SIGNATURE Julia A Nowak LR

24. FUNERAL DIRECTOR Emroy Bolden Oakland ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 7 1955
BUREAU V. S.